

## HUMAN SERVICES DEPARTMENT[441]

### Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 514I.5, the Department of Human Services proposes to amend Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

These amendments align HAWK-I application filing date provisions with Medicaid and provide clarification in the definition of “client error.”

Any interested person may make written comments on the proposed amendments on or before October 9, 2012. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations; however, requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217). After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 514I.

The following amendments are proposed.

ITEM 1. Amend subrule 86.3(4) as follows:

**86.3(4)** ~~*Date and method of filing*~~ *Application filing date*. The application is considered filed on the date an identifiable application is received by the third-party administrator or the department. An identifiable application is an application containing a legible name, address, and signature.

~~*a. Medicaid applications referred to the HAWK-I program. When the family has applied for Medicaid first and the department makes a referral to the third-party administrator, the date the Medicaid application was originally filed with the department shall be the filing date.*~~

*a. Date of filing.* The application is considered filed on the date an identifiable application is received by the third-party administrator or the department. An identifiable application is an application containing a legible name, address, and signature.

~~*b. Electronic applications. When an application is submitted electronically to the third-party administrator, the application is considered filed on the date the third-party administrator receives Form 470-4016, HAWK-I Electronic Application Summary and Signature, containing a legible signature.*~~

*b. Applications received after business hours.* When an application is received after business hours, it will be considered received on the next business day.

~~*c. Medicaid applications referred to the HAWK-I program. When the family has applied for Medicaid first and the department makes a referral to the third-party administrator, the date the Medicaid application was originally filed with the department shall be the filing date.*~~

ITEM 2. Amend subrule 86.19(1) as follows:

**86.19(1)** *Definitions.*

“Administrative error” means an action attributed to of the department or to the HAWK-I third-party administrator that results in incorrect payment of benefits, including premiums paid to a health or dental plan, due to one or more of the following circumstances:

1. Misfiled or lost form or document.
2. Error in typing or copying.
3. Computer input error.
4. Mathematical error.

5. Failure to determine eligibility correctly when all essential information was available to the HAWK-I third-party administrator.

6. Failure to request essential verification necessary to make an accurate eligibility determination.

7. Failure to make timely revision in eligibility following a change in policy requiring application of the policy change as of a specific date.

8. Failure to issue timely notice to cancel benefits that results in benefits continuing in error.

9. Failure of the department to provide correct information to the HAWK-I third-party administrator regarding a child's Medicaid eligibility.

*"Client error"* means any action or inaction ~~attributed to~~ of the enrollee or the enrollee's representative that results in incorrect payment of benefits, including premiums paid to a health or dental plan, ~~because the enrollee or the enrollee's representative~~ because at least one of the following occurred:

1. ~~Failed~~ The enrollee or the enrollee's representative failed to disclose information or gave a false or misleading statement, oral or written, regarding income or another eligibility factor; or

2. ~~Failed~~ The enrollee or the enrollee's representative failed to timely report a change as defined in rule 441—86.10(514I).